## City of Cudahy

Inspection Dept. 769-2211

Fax: 769-1293

## APPLICATION FOR BUILDING PERMIT

Key #	
Permit #	
Date Issued_	

## **ACCESSORY**

If you are intending to construct a shed or garage, and a shed or garage currently exists on this property, **STOP!** Ask for assistance, (1 SHED, 1 GARAGE PER PARCEL).

New Construction Addition Alteration Fire Repair Raze Other	<ul><li>□ Detached Garage</li><li>□ Attached Garage</li><li>□ Shed</li><li>□ Other</li><li>□ Gazebo</li></ul>	PLEASE PRINT PROJECT ADDRESS IN BOX  Please fill in all spaces Thank You!
Construction Type	Lot Width Max. Garage	Job Valuation: \$
☐ Footing/Foundation	□ 30' 528 sq.ft.	Occupant:
☐ Floating Slab	☐ more than 30',	Owner:
] Frame	less than 45'624 sq.ft ☐ 45' or more720 sq.ft	Owner's Address if Different:
] Masonry		City, State, Zip:
2 Family min. 60 ft. lot width, 912 sq. ft.		Owner's Phone Home: Work
2 Family, 1 Attached, 1 Detached, Detached Max. 720 sq.ft		. Contractor/Applicant:
		Contr./Appl's. Address:
BOTTOM PLATES TO I	BE TREATED LUMBER	City, State, Zip:
<b>Building Dimensions</b>		Contr./Appl's. Phone:
DepthWidth _		Architect's Name:
Height(Max. height - 10' shed, 15' garage)		Architect's Phone:
Projection of Overhang_		Construction Type:
REMARKS:		
Applicant, please note:	I have received a copy of the City of Cudahy's Informational sheet regarding the construction of an accessory building.  I understand that I, as the applicant, have a responsibility to comply with all applicable codes, statutes and ordinances of the City of Cudahy. The issuance of the permit creates no legal liability, express or implied on the Department or the City. All information provided is accurate.  PERMIT FEE CALCULATION  Plan Review  Total Sq.Ft  Cost per sq.ft. x  Minimum Fee  Total  Reviewed by:	
APPLICANT'S SIGNAT	URE	DATE
Please Print Name		
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